



Children's Mental Health Initiative

Protocol Manual

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Contact Information

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I. Overview

The Children's Mental Health Initiative (CMHI) was created to allow families access to needed services, so that children with significant mental or behavioral health needs do not enter the child welfare or probation systems for the sole purpose of accessing services. The Children's Mental Health Initiative also assists to cover gaps within the state where funding is missing for families who need assistance with mental and behavioral health care. In doing so, the Children's Mental Health Initiative utilizes local Community Mental Health Centers and other providers to deliver intensive community based services to keep children in their own home and in their own communities. The Children's Mental Health Initiative uses an evidence based model of high fidelity Wraparound facilitation in which services, formal and informal, are wrapped around families and children for best outcomes.

II. Objectives

The Children's Mental Health Initiative has the following objectives:

- To allow families access to needed services so that children do not enter the child welfare or probation system for the sole purpose of accessing services.
- To make sure families do not get bounced from agency to agency trying to access services.
- To ensure that children are receiving services in the appropriate system.
- To build community collaborations through examining current practices and cross-educating community stakeholders on available resources.
- To construct a multiagency approach for all children within communities in order for best outcomes and service conditions.

III. Eligibility

- Children who meet the qualifications for Children's Mental Health Wraparound services, who are not Medicaid eligible. Criteria includes:
 - Child or adolescent age 6 through age 17.
 - Youth who are experiencing significant emotional and/or functional impairments that impact their level of functioning at home or in the community (e.g., Seriously Emotionally Disturbed classification).
 - DSM-V-TR Diagnosis- Youth meets criteria for two (2) or more diagnoses.
 - CANS 4, 5 or 6 and DMHA/DCS Project must be a 1 Algorithm.

- Other children who have been approved by DCS to receive services under the Children's Mental Health Initiative because they are a danger to themselves or others
 - Can be Eligible for BDDS Services.
 - CMHI can assist with residential stabilization for youth and children who are not eligible for paid placement by Medicaid and/or Private Insurance will not cover the placement costs. For residential stabilization to be considered, the youth must have exhausted all community based services prior.
- Note: The Children's Mental Health Initiative is a voluntary service. The family must consent to the wraparound process and be engaged with the team to benefit from the program.

IV. Access

- Contact the local Access Site within your community.
- Access Site will complete a Prescreen within 2 days.
- Assessments will be completed within 5 days.
- If eligible, services can begin within 2 days.

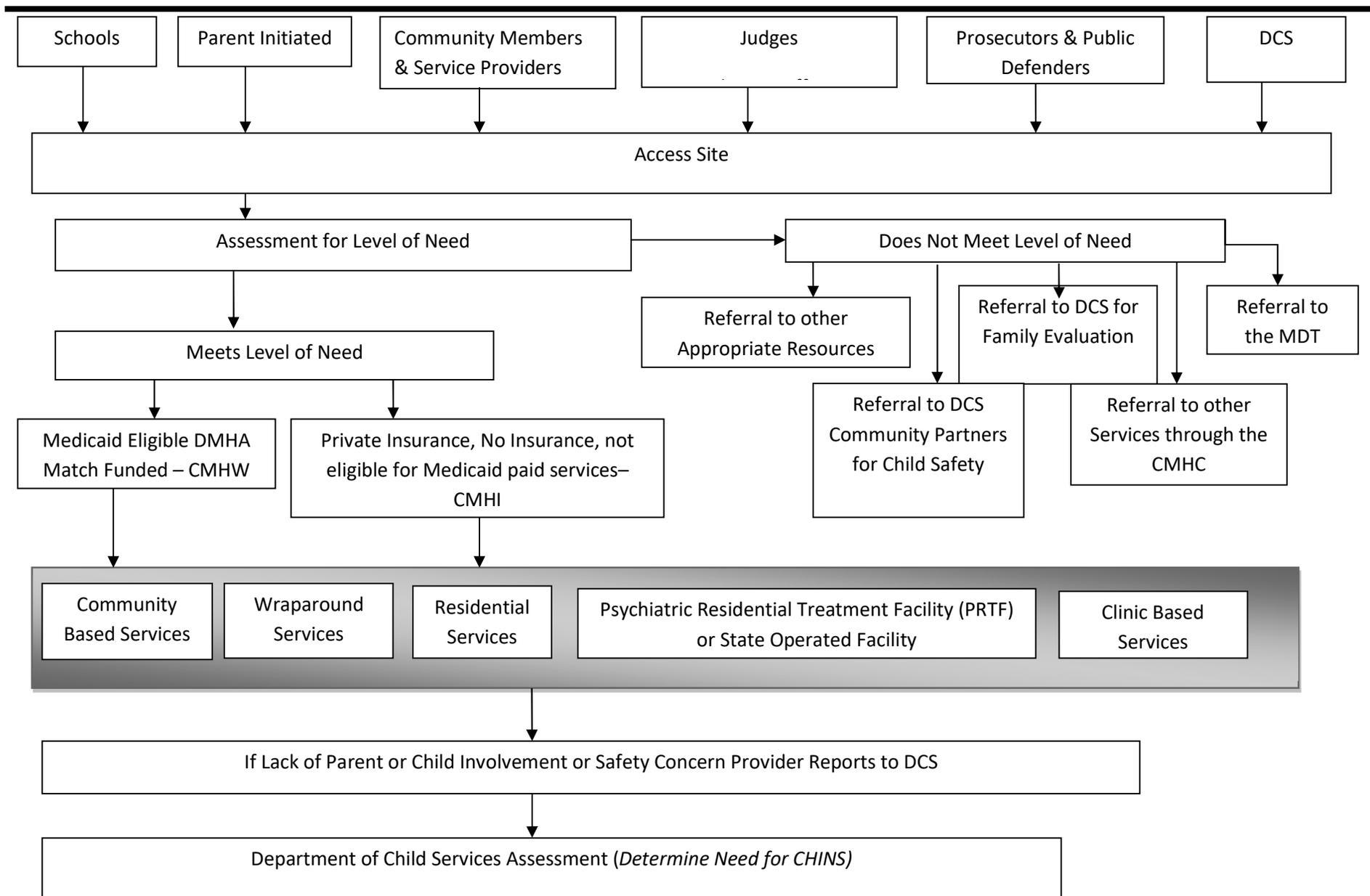
Region	County	Access Site	Access Site Number	Region	County	Access Site	Access Site Number
1	Lake	Indiana Professional Management Group (IPMG)	765-464-2991	10	Marion	Adult & Child Center	317-632-6140 Ext. 3252
2	Laporte	Villages	219-762-3465	11	Hamilton	Aspire of Indiana	317-587-0589
2	Porter	Porter-Starke Services	219-476-4691	11	Madison	Aspire of Indiana	765-608-5583
2	Starke	Porter-Starke Services	219-476-4691	11	Hancock	Gallahue Mental Health Center	317-355-9089
2	Jasper	Valley Oaks	765-446-6497	11	Tipton	Indiana Professional Management Group (IPMG)	765-464-2991
2	Newton	Valley Oaks	765-446-6497	12	Wayne	Centerstone of Indiana	765-983-8056
2	Pulaski	Four County	574-721-9014	12	Franklin	Community Mental Health Center, Inc.	812-537-7375
3	Elkhart	Oaklawn Psychiatric Center, Inc.	574-246-9102	12	Rush	Centerstone of Indiana	765-983-8056
3	St. Joseph	Oaklawn Psychiatric Center, Inc.	574-246-9102	12	Henry	Meridian Services Corp	855-634-2439
3	Kosciusko	Otis R. Bowen Center for Human Services	574-767-1524	12	Fayette	Centerstone of Indiana	765-983-8056
3	Marshall	Otis R. Bowen Center for Human Services	574-767-1524				
4	Allen	Crossroad	260-484-4153 ext. 2078	12	Union	Centerstone of Indiana	765-983-8056
4	Wells	Park Center	260-481-2703	13	Brown	Centerstone of Indiana	812-337-2304
4	Dekalb	Northeastern Center, Inc.	260-665-9494	13	Monroe	Centerstone of Indiana	812-337-2340
4	LaGrange	Northeastern Center, Inc.	260-665-9494	13	Greene	Hamilton Center	812-231-8194
4	Noble	Northeastern Center, Inc.	260-665-9494	13	Owen	Centerstone of Indiana	812-585-3795
4	Steuben	Northeastern Center, Inc.	260-665-9494	13	Lawrence	Centerstone of Indiana	812-329-4990

4	Huntington	Otis R. Bowen Center for Human Services	574-767-1524	14	Johnson	Adult and Child Center, Inc.	317- 346-5958
4	Whitley	Otis R. Bowen Center for Human Services	574-767-1524	14	Bartholomew	Centerstone of Indiana	812-314-3576
4	Adams	Park Center	260-481-2703	14	Jennings	Centerstone	812-346-4468 ext.2963
5	Benton	Valley Oaks	765-446-6497	14	Shelby	Gallahue Mental Health Center	317-355-9089
5	Carroll	Valley Oaks	765-446-6497	14	Jackson	Centerstone of Indiana	812-555-4341 ext. 2484
5	Fountain	Valley Oaks	765-446-6497	15	Dearborn	Community Mental Health Center, Inc.	812-537-7375
5	Tippecanoe	Valley Oaks	765-446-6497	15	Decatur	Community Mental Health Center, Inc.	812-537-7375
5	White	Valley Oaks	765-446-6497	15	Ohio	Community Mental Health Center, Inc.	812-537-7375
5	Clinton	Indiana Professional Management Group (IPMG)	765-464-2991	15	Ripley	Community Mental Health Center, Inc.	812-537-7375
5	Warren	Valley Oaks	765-446-6497	15	Switzerland	Community Mental Health Center, Inc.	812-537-7375
6	Wabash	Otis R. Bowen Center for Human Services	574-767-1524	15	Jefferson	Centerstone of Indiana	812-522-4341 ext. 2484
6	Howard	The Villages	765-455-8545	16	Vanderburgh	Southwestern Indiana Mental Health Center	812-436-4279
6	Fulton	Four County	574-721-9014	16	Knox	The Samaritan Center	812-855-2720
6	Cass	Four County	574-721-9014	16	Pike	The Samaritan Center	812-855-2720
6	Miami	Four County	574-721-9014	16	Posey	Southwestern Indiana Mental Health Center	812-436-4279
7	Randolph	Centerstone of Indiana	765-584-3113	16	Warrick	Southwestern Indiana Mental Health Center	812-436-4279
7	Blackford	Meridian Services Corp	855-634-2439	16	Gibson	Southwestern Indiana Mental Health Center	812-436-4279
7	Delaware	Meridian Services Corp	855-634-2439	17	Martin	The Samaritan Center	812-855-2720

7	Jay	Meridian Services Corp	855-634-2439	17	Daviess	The Samaritan Center	812-855-2720
7	Grant	Meridian Services Corp	765-220-2429	17	Crawford	Life Spring Health Systems	877-338-2756
8	Parke	Hamilton Center	765-569-2031 ext. 7515	17	Perry	Life Spring Health Systems	877-338-2756
8	Vermillion	Hamilton Center	765-832-2436 ext. 7412	17	Spencer	Life Spring Health Systems	877-338-2756
8	Clay	Hamilton Center	812-448-8801	17	Dubois	Life Spring Health Systems	877-338-2756
8	Sullivan	Hamilton Center	812-231-8100 ext. 6012	17	Orange	Life Spring Health Systems	877-338-2756
8	Vigo	Hamilton Center	812-231-8194	18	Washington	Life Spring Health Systems	812-206-1414
8	Boone	Aspire of Indiana	317-587-0589	18	Scott	Life Spring Health Systems	812-206-1414
9	Morgan	Centerstone of Indiana	765-343-6995	18	Clark	Life Spring Health Systems	812-206-1414
9	Putnam	Cummins Behavioral Health Systems, Inc.	888-714-1927	18	Floyd	Life Spring Health Systems	812-206-1414
9	Hendricks	Cummins Behavioral Health Systems, Inc.	888-714-1927 ext.2083	18	Harrison	Life Spring Health Systems	812-206-1414
9	Montgomery	Valley Oaks	765-446-6497				

Figure 1:

Access to Children's Mental Health Services



V. Access Site Requirements

Family and Social Services Administration, Division of Mental Health and Addictions, in conjunction with the Department of Child Services, has established DMHA approved Access Sites which will serve as the starting point for families wanting to access services through the Children's Mental Health Wraparound Services and the Children's Mental Health Initiative. These sites have the following requirements:

- Access Site must be able to bill Medicaid.
- The access site must have a central phone number. There should not be multiple numbers for a single county. Needs to be a direct line for the access site only.
- Must have staffing available to offer service access according to the prescribed timeline.
- Must have at least one individual who has received training in Wraparound Facilitation by DMHA. Wraparound Facilitators must complete the full certification process within 18 months. Those who are unable to start the certification process prior to rollout will still be required to complete cohort training on wraparound facilitation. (Questions about training should be sent to Heidi Gross at DMHA. Heidi.Gross@fssa.in.gov). If staff have already been trained a Wraparound Facilitator through CAPRTF, they will not need to complete additional training.
- Those Access Sites who will be offering the array of services must also undergo the certification process for DMHA in order to provide Habilitation, Training and Support for Unpaid Caregivers, as well as Respite. (Questions about the certification process should be sent to Heidi Gross at DMHA. Heidi.Gross@fssa.in.gov).
- The community must have a plan to outline how services will be provided if the provider is not offering the full array.
- Access Sites should designate an individual to participate in the local Systems of Care (SOC) to ensure community awareness.

VI. High Fidelity Wraparound Access Site Policy

A High Fidelity Wraparound Access Site is considered the single point of entry to explore a youth's eligibility for state and federally-funded home and community-based services, such as High Fidelity Wraparound, as an alternative to Psychiatric Residential Treatment Facility/State Operated Facility levels of care. The Access Site serves a geographical area defined by the local System of Care (SOC). The Access Site also provides the following functions for the local SOC area it serves.

1. Performs outreach, education, application-processing to communities and families regarding High Fidelity Wraparound.

2. Provides referral to and resources for interim supports to applicants, as well as applicants not meeting eligibility criteria.
3. Reports outcomes data on a regular basis as determined by the local SOC Governance, DMHA, and DCS.

Access sites are authorized by the Division of Mental Health and Addiction (DMHA) in cooperation with local Systems of Care (SOCs) for a period of three (3) years from the date of authorization. DMHA will authorize one (1) Access Site per SOC area/region, endorsed by the local SOC the governance board. Based on community need, DMHA may authorize additional Access Sites.

High Fidelity Wraparound Access Site Application Process

To become an Access Site, an entity must submit an application in the form of a HFW Access Plan* to the local System of Care governance council. The Local SOC will review all submitted Access Site Plans and make a recommendation as to which entity to endorse. The local SOC will supply the recommended Access Site with a letter of endorsement addressed to the Division of Mental Health and Addiction which must include:

1. A statement of the governance council's support of the entity as the Access Site
2. A list of counties to be served by the Access Site
3. Demonstration that the local SOC's governance council membership includes, at a minimum, representation from the following groups:
 - a. Youth and family
 - b. Mental health
 - c. Child welfare
 - d. Juvenile Justice
 - e. Education
4. Individual endorsement by the governance council members as indicated by the following
 - a. Printed name
 - b. Signature
 - c. Title and organization (if applicable)
 - d. Indication of the group represented
 - e. Assurance that the SOC member serves the county/counties listed in the capacity indicated

DMHA Authorization of the High Fidelity Wraparound Access Site

DMHA will review submitted materials and may request additional information or assurances prior to authorization/denial. The final determination will be communicated to the endorsed HFW Access site

with a signed letter on FSSA letterhead. In areas without a SOC, or whose governance council does not include the required representation, DMHA will designate an entity to be the HFW Access Site.

High Fidelity Wraparound Access Site Responsibilities and Expectations

The High Fidelity Wraparound Access Site is responsible to work collaboratively with the local System of Care to ensure youth and families have access to High Fidelity Wraparound services and supports.

The Access Site will provide the local SOC with the following on a regularly scheduled basis:

1. High Fidelity Wraparound data monitoring and outcomes reporting:
 - a. Number of applicants
 - b. Referral source
 - c. Number eligible for High Fidelity Wraparound
 - i. Enrolled in CMHW
 - ii. Enrolled in CMHI
 - iii. Reasons given by those found eligible who did not enroll and their disposition
 - d. For those ineligible
 - i. Reason for denial
 - ii. Alternative supports and services to which the family was linked
2. Updates related to outreach and education activities as outlined in the approved High Fidelity Wraparound Access Site Plan.
3. Attendance and active participation in local SOC meetings.

The Access Site must notify Department of Child Services, the Local SOC, and the Division of Mental Health and Addiction regarding any Access Site contact changes within three (3) business days of the knowledge of the change.

Ongoing Authorization and High Fidelity Wraparound Access Site Changes

1. Reauthorization of the same High Fidelity Wraparound Access Site
 - a. Ninety-days prior to the expiration of the current authorization period, the authorized HFW Access Site will submit a plan for reauthorization* to the local SOC.
 - b. The local SOC will review and submit their letter of recommendation to DMHA in no less than thirty-days prior to the expiration of the current authorization period.
2. High Fidelity Wraparound Access Site Voluntary Withdrawal: Should an authorized entity determine it is no longer able to function as the HFW Access Site for a local SOC, the entity shall:

- a. Provide a written thirty-day withdrawal notice to the local SOC and DMHA.
 - b. Continue to function as the HFW Access Site until a new entity is authorized.
3. High Fidelity Wraparound Access Site Revocation of Authorization:
- a. If an authorized HFW Access Site is determined by DMHA and/or the local SOC to be not functioning, authorization will be revoked. Reasons for revocation include, but are not limited to
 - i. Lack of adherence to the Access Site Policy
 - ii. Lack of demonstrated ability to meet the needs of youth and families in the community
 - b. If concerns are identified by a stakeholder and need to be brought to the attention of the Division of Mental Health and Addiction, the stakeholder should submit their concern to DMHAYouthServices@fssa.in.gov, or to the Assistant Deputy Director of Youth Services in DMHA.
 - i. DMHA will work with the current Access Site to review and address substantiated concerns.
 - ii. If those concerns are not able to be successfully resolved, DMHA, DCS, and/or the Local System of Care, which is inclusive of youth and family participation, will begin the process to authorize a new Access Site entity.

VII. ACCESS Site Process

Incoming Referral

1. REFERRAL: Access site receives information from Referral Source. Referral Source will be asked if the caregivers have been made aware of the referral. It is important that families know their child has been referred for these services. Family engagement can be a challenge if parents are not prepared for a call from a Community Mental Health Provider.
2. PRESCREEN: (Completed in 2 business days from referral): A pre-screen of the child's information will occur to determine if the child may meet the eligibility criteria.
 - a. **Child does not appear to meet eligibility criteria (does not pass the prescreen):** If the child does not appear to meet criteria, a CMHC can still assist family through the following steps:
 - i. Contact CMHI staff to discuss an exception for child to receive services if appropriate (See Section XII. CMHI Program Exceptions)

appropriate local agency for the child to obtain services that meet the family's needs.

The determination of level of need and eligibility for services in the evaluation/reevaluation process is determined by DMHA staff or contracted entity who possess the following qualifications:

- 1) Bachelor's degree, with two (2) or more years of clinical experience; or
- 2) Master's degree in social work, psychology, counseling, nursing or other related field, with two (2) or more years of clinical experience; and
- 3) Completed DMHA- and OMPP-approved training and certification for eligibility and determination for services.

VIII. CMHI Exceptions

Funding provided by the Children's Mental Health Initiative offers the opportunity for services to be provided to youth who may not be eligible for CMHW services due to Medicaid exclusions; youth who have private insurance that does not provide coverage for mental or behavioral health services and youth without insurance coverage. If a youth is not eligible for CMHW services, is in need of intensive community based services and a family is engaged in services, requests for exceptions can be reviewed with CMHI management staff.

If a youth is denied approval for CMHW services due to co-occurring diagnoses and a family is interested in intensive community based services, CMHI management should be contacted to review case information to determine if a CMHI exception is appropriate.

If a youth does not meet criteria for wraparound services due eligibility requirements (age of youth, CANS SCORE), a request for a CMHI exception can be made via submission of "CMHI Exception Request Form" to the CMHI management staff (See Appendix B). A request for an exception can be submitted to the CMHI manager. The request should include the following information:

- Current CANS.
- Denial reason.
- Youth's diagnoses.
- Summary of case.
- What services are currently in place or have previously been utilized.
- Family interest and engagement level in intensive community based services.

This information will be reviewed by CMHI management staff to determine if an exception is appropriate. If additional information is needed, a conference call will be scheduled. CMHI management staff will notify Access Site Coordinator of approval/denial of exception request via email.

IX. Services

All services provided through the Children's Mental Health Initiative are voluntary services. The family must be engaged in services in order to remain eligible for the CMHI.

Children who qualify for the CMHI, may access the following services based on need;

- **Assessment for Eligibility**
- **Wraparound facilitation**
- **Habilitation**
- **Respite (available in limited areas in the state)**
- **Family Support and Training for the Unpaid Caregiver**
- **Community based skill building and therapeutic services;**
- **Clinic based services;**
- **Residential Stabilization**

It is important to note that the parent/legal guardian is making the placement (not DCS) and a Voluntary Placement Agreement is required (See Appendix C). The family should understand the placement is short term and they must be engaged and willing to work toward the child returning home.

Medication Assistance:

When a family needs assistance with the cost of prescribed medications, the family will be directed to consult resources offering free or low cost medication in their community.

Insurance Copay and Deductibles:

When a family needs assistance with copayments and cost of services when a deductible applies, the family will be directed to consult medical assistance programs in their community.

Critical Incidents:

When critical incidents occur, the provider must contact the CMHI Manager by telephone or email on the next business day. In addition, the Critical Incident Form must be completed within 48 hours and uploaded in the KidTraks system (See Appendix D).

Participant Documentation:

Participant documentation for service eligibility must include:

- 1) Referral generated by KidTraks.
- 2) Documentation of regular contact with the referred families/children.
- 3) Written progress reports.
- 4) Upload documentation into KidTraks to include:

- Monthly CFTM Notes/Plans of Care
- Initial CANS and CANS Reassessments
- Voluntary Placement Agreements
- Safety Plans
- Incident reports
- Contact notes
- Documentation from all providers for referrals being billed to CMHI

Billing:

All documentation pertaining to CMHI billing can be found:

<https://stateofindiana.zendesk.com/hc/en-us/articles/360032268372-Attaching-Case-Documentation-in-KidTraks>

Prior to submitting an invoice in KidTraks, service and placement providers must attach all required documentation as defined by service standards and contracts into the KidTraks Case Information page. Each document must be attached individually.

Documentation attached to the case in KidTraks must not be password-protected. Password protected documentation will result in denial of payment.

Please note: This process does not affect the invoicing procedure that requires specific documentation to be attached to the invoice such as: over 8 hours of service, receipts for reimbursement, Medicaid documentation, etc.

1. Providers must save each required document using the following naming format as: “Date of Service_Service_CMHI_Client name”. See examples below:

April2019_HBC_CMHI_JohnSmith

April072019_HBC_CMHI_JohnSmith

April07-102019_HBC_CMHI_JohnSmith

2. Date of Service – For Monthly Reports use the following date format, MonthYr (ex: April2019). For date specific documentation use MonthDayYr (ex: April072019). For a range of dates within the month, use MonthFirstDay-LastDayYr (ex: April07102019).

3. Type of Service – List of acronyms below.

4. Client Name – For an individual, use the client’s name. For multiple case participants, use the Case name.

CMHI Components

Abbreviation	Description
ASSESS	Assessment
ADD	Addiction Counseling
CM	Case Management
CBCT	Community Based Counseling and Therapy
CS	Counseling
CRISIS	Crisis Intervention
HAB	Habilitation
IOT	Intensive Outpatient Treatment
MED_EVAL	Medication Evaluation/Ongoing Medication Evaluation
MED_TRG	Medication Training and Support
NEURO	Neuropsychological Testing
PSYCH	Psychological Testing
RES	Respite
SK_TRG	Skills Training and Development
TRG_SUP	Training and Support for Unpaid Caregivers
WRAP	Wrap Facilitator

Transition out of Services:

At 6 months after the initial eligibility determination, the child/youth is reassessed. If the youth no longer meets the eligibility criteria for the program, a transition plan should be developed and services may continue until participation reaches 1 year. At 1 year, services should discontinue with community supports in place.

When the child/youth has been in the program longer than 1 year, the youth should continue to be reassessed every 6 months to determine level of need. If, at any point, the child/youth does not meet the eligibility criteria, a transition plan should be developed that discontinues services within 90 days.

X. Residential Stabilization

The Children’s Mental Health Initiative provides intensive community-based services to wrap services around a family to safely maintain youth in their homes and communities. CMHI funds may be available to assist with funding residential stabilization for youth when they are unable to safely be maintained in the home at the current level of services. Utilization of CMHI funds for residential stabilization may be considered when it is determined that there is a gap in available funding.

Residential stabilization is intended for those youth who cannot be safely supported with community based services. Stabilization is intended to last 3-6 months and for children aged 12-17 years old.

When a wraparound team begins to consider that a period of residential stabilization may be necessary for a youth, a request to staff the case should be made to the CMHI manager. A conference call to include CMHI staff and members of the wraparound team will be scheduled to discuss the request for funding for residential stabilization. The wrap facilitator will complete and submit the "Residential Staffing Form" to the CMHI Manager 24 hours prior to staffing (See Appendix E). Information will be requested regarding the following questions:

- Youth's name/age/DOB/county of residence
- Household composition
- Has the youth been adopted?
- Is the family currently involved with DCS or probation?
- What was the initial reason for the CMHI referral?
- Does youth have Private Insurance or Medicaid?
- Will Private Insurance or Medicaid fund a placement?
- CANS score
- What are current diagnoses?
- What is youth's IQ?
- Does the youth have any DDID needs, or a diagnosis of Autism?
- What medications is the youth taking?
- Presenting behaviors in home/school/community
- Historical behaviors in home/school/community
- What are the youth's underlying needs?
- Does the youth have an IEP? If so, what accommodations is the school providing? Does the youth attend a full day of school?
- What services are youth and family currently receiving?
- What services have the youth and family participated in the past?
- Can community based services be increased?
- Have all community based efforts been exhausted prior to looking at a restrictive environment?
- How many acute hospitalizations has the youth had in the last year?
- Has the youth had a prior residential stay?
- What is family's engagement level with services?
- Is the community based wraparound team in agreement with residential?
- Does the family understand the placement is for a period of stabilization and is not a long-term placement?
- Is the family willing to work on reunification for youth?
- What type of residential programming is being recommended?
- Are there doctor recommendations for placement?

If a youth's private insurance or Medicaid covers any residential funding, it will be the team's responsibility to exhaust that funding source prior to CMHI funds being considered. The wrap facilitator will complete and submit the "Residential Denial Form" to the CMHI Manager 24 hours prior to staffing (See Appendix F). The form guides the wrap facilitator in contacting all PRTF placements and/or in-network private insurance facilities, and provides a concise outline to present this information to the CMHI Manager. Documentation to support the denial from PRTF placements and/or in-network private insurance facilities, will also need to be submitted to the CMHI manager, along with the "Residential Denial Form."

If it is determined there is a gap in funding and a period of CMHI funded residential stabilization is appropriate to consider, the request will be submitted to CMHI management staff for review. If funding for residential stabilization is approved, parents are the placing agent for the youth and retain custody of the youth and DCS provides funding for the placement. CMHI funded residential stabilization placements are reviewed every 30 days and parents must be actively working with the treatment provided toward youth's reunification to the family home. Participation in CMHI funding is for residential stabilization only and does not offer funding for group home placements or foster care. A Voluntary Placement Agreement (See Appendix B) should be signed by youth's parent/guardian and submitted to CMHI manager. Additionally, doctor recommendations for residential stabilization should be provided to the CMHI manager. Documents must be received by CMHI manager before funding is processed.

XI. Voluntary Residential Services Oversight

Youth who are approved for CMHI funding for residential stabilization will be assigned to Voluntary Residential Services Oversight (VRSO) Clinician. VRSO clinicians will work with families and youth in residential placements to assist DCS in determining if the treatment needs of the child are being met by the current placement and to assist in determining necessary services to support a successful transition to youth's home and community.

VRSO services will consist of, but are not limited to:

- Review all available assessments (including the CANS), medical and/or psychological recommendations, and staff case with the Wraparound Facilitator, family, and collateral contacts to determine if the child requires a more restrictive level of care.
- Recommend to DCS an appropriate level of care.
- Work with the placement facilities, Wraparound Facilitators and parents to secure an appropriate placement for the child. Priority should be given to Medicaid paid services.
- Provide consultation to the placement facility to ensure the facility has all information to prepare an appropriate and thorough Prior Authorization request to Medicaid for Psychiatric Residential Treatment Facility (PRTF) services or placement request to a State Operated Facility (SOF) and ensure appeals are occurring for any denials.

- Upon denial for PRTF or SOF, consult with facility, family members and others involved with a youth to ensure an appropriate level of care is secured.
- In instances where the placement will be paid by the Department of Child Services (DCS), facilitate the Voluntary Placement Agreement between the caregiver and the DCS.
- Monitor service delivery by participating in monthly team meetings to ensure the services are meeting the needs of the youth. Team meetings must include the parent/caregiver as well as appropriate clinical staff at the treatment facility.
- The youth must be visited face-to-face at least one time per month in the placement setting.
- Encourage and monitor family participation in services.
- Provide service documentation to DCS via monthly reports, critical incident reports, updated treatment plans, and monthly team meeting notes.
- Complete an updated CANS at 6 month intervals or at critical case junctures.
- Make monthly recommendations to DCS regarding the appropriate level of services for the youth.
- Coordinate with the caregiver/parent, placement provider, Wraparound Facilitator to develop an appropriate discharge plan to transition the youth back to the community.
- Provide services in accordance to the Children's Mental Health Initiative Protocol.

XII. Services for Children with an Open DCS/Probation Case

Children who are currently involved in an open Informal Adjustment, CHINS or Probation case may not receive services through the Children's Mental Health Initiative. Children that have a closed case and meet the eligibility requirement may participate.

- If a CHINS/IA or JD/JS is not yet opened, an assessment for the Children's Mental Health Initiative may be completed before a decision is made whether or not to pursue a case.
- If a CHINS/IA or JD/JS case is opened, the child should be served through available services under the CHINS/IA or JD/JS case (not the Children's Mental Health Initiative). When the CHINS/IA case has been dismissed or the condition of delinquency has been alleviated and the CHINS/IA or JD/JS case closes, the child may participate in the CMHI if deemed eligible.
- An assessment for the Children's Mental Health Initiative may be completed while there is an open CHINS/IA or JD/JS case to determine eligibility prior to closing the case.

XIII. Family Evaluations

DCS conducts Family Evaluations to assist families in navigating to the most appropriate service delivery system to meet their needs. DCS will provide service access to these families when the child is determined to be a danger to him/herself or others and the family does not have the ability or resources to access the services needed. In the Family Evaluation, the Family Case Manager is

not assessing allegations of abuse or neglect. Family Evaluations are an opportunity to for Family Case Managers to act as an advocate for a family and connect them to the most appropriate service system. For youth with mental health needs, the Family Case Manager may connect the family with the local CMHC Access Site for wraparound through CMHI/CMHW.

XIV. CMHI Spreadsheet

Each local CMHC will submit a CMHI spreadsheet to the CMHI manager by the 15th of every month. This spreadsheet is utilized to track information for each youth that has completed an assessment and has qualified for CMHI services.

XIV. Children’s Mental Health Initiative Conference Call

A conference call will occur quarterly with CMHI staff, local Community Mental Health Centers and non-CMHC agencies certified by DMHA to provide CMHI services. The purpose of this call is to provide an opportunity for CMHI providers and CMHI management staff to discuss a variety of topics related to the provision of CMHI services.

XV. Multi-Disciplinary Team Staffing

CMHI partners with DCS representatives, including the Division of Mental Health and Addictions and Bureau of Developmental Disabilities can conduct staffings of cases that may have multiple service system needs. Staffings occur on a bi-monthly basis and there is opportunity for a CMHC to present a case that may benefit through a multi-disciplinary review.

**The Children’s Mental Health Initiative is a voluntary service. The caregiver must be engaged in order to access services.*

Appendix A: Creating Referrals in KidTraks

How to request a referral for an assessment:



Enter the Vendor Portal.

Select/Click: Cases

Select/Click: Add New Case Tab **(If you do not have this Tab, please contact Lindsay Dempsher@DCS.in.gov)**

Enter all of the child's information.

Select/Click: Add Button

This will generate the Assessment Referral sent for approval to the DCS.

How to Recommend Services:

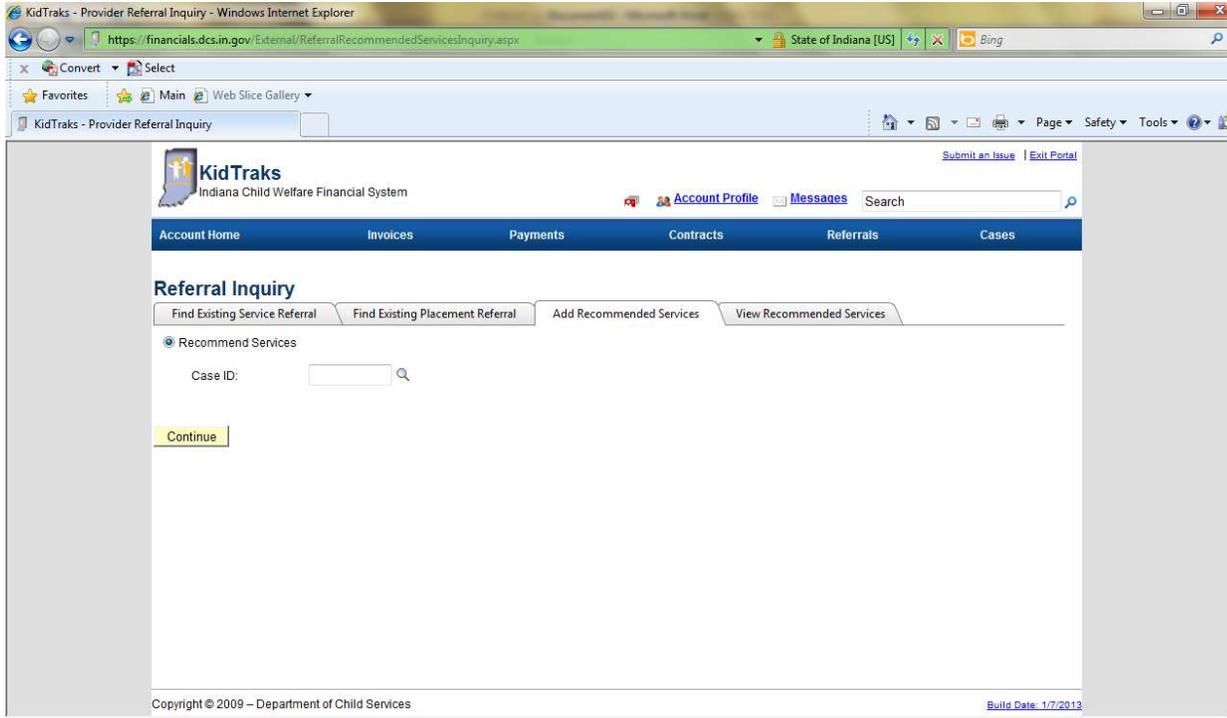
The screenshot displays the KidTraks web application interface. At the top left is the logo for KidTraks, Indiana Child Welfare Financial System. To the right are links for 'Submit an Issue' and 'Exit Portal'. Below the logo is a navigation bar with tabs for 'Account Home', 'Invoices', 'Payments', 'Contracts', 'Referrals', and 'Cases'. A search bar is located to the right of the navigation bar, with 'Account Profile' and 'Messages' links nearby.

The main content area is titled 'Referral Inquiry' and contains four tabs: 'Find Existing Service Referral', 'Find Existing Placement Referral', 'Add Recommended Services', and 'View Recommended Services'. The 'Find Existing Service Referral' tab is active. Below the tabs is a search form with the following fields:

- Referral ID: Contains []
- Billable Unit Referral ID: Contains []
- Person ID: Equal []
- Case ID: Equal []
- County: Equal []
- FCM Name: Contains []
- Service Code: Equal []
- Status: Equal []

At the bottom of the search form are three buttons: 'Search', 'Clear', and 'Close'. Below the search form is a 'Search Results:' section, which is currently empty and displays the message 'There are no records to display...'. The footer of the page includes 'Copyright © 2009 - Department of Child Services' on the left and 'Build Date: 1/7/2013' on the right. The browser's status bar at the bottom shows 'Local intranet | Protected Mode: Off' and a zoom level of 100%.

Enter the Vendor Portal



Select: Add Recommended Services

The screenshot shows the KidTraks web application interface. A 'Person Lookup' dialog box is open, displaying search criteria and results. The search criteria include Person ID, Case Number, First Name, Last Name, SSN, and County. The results show two records found, both for 'Berger, Skye'.

Person Lookup

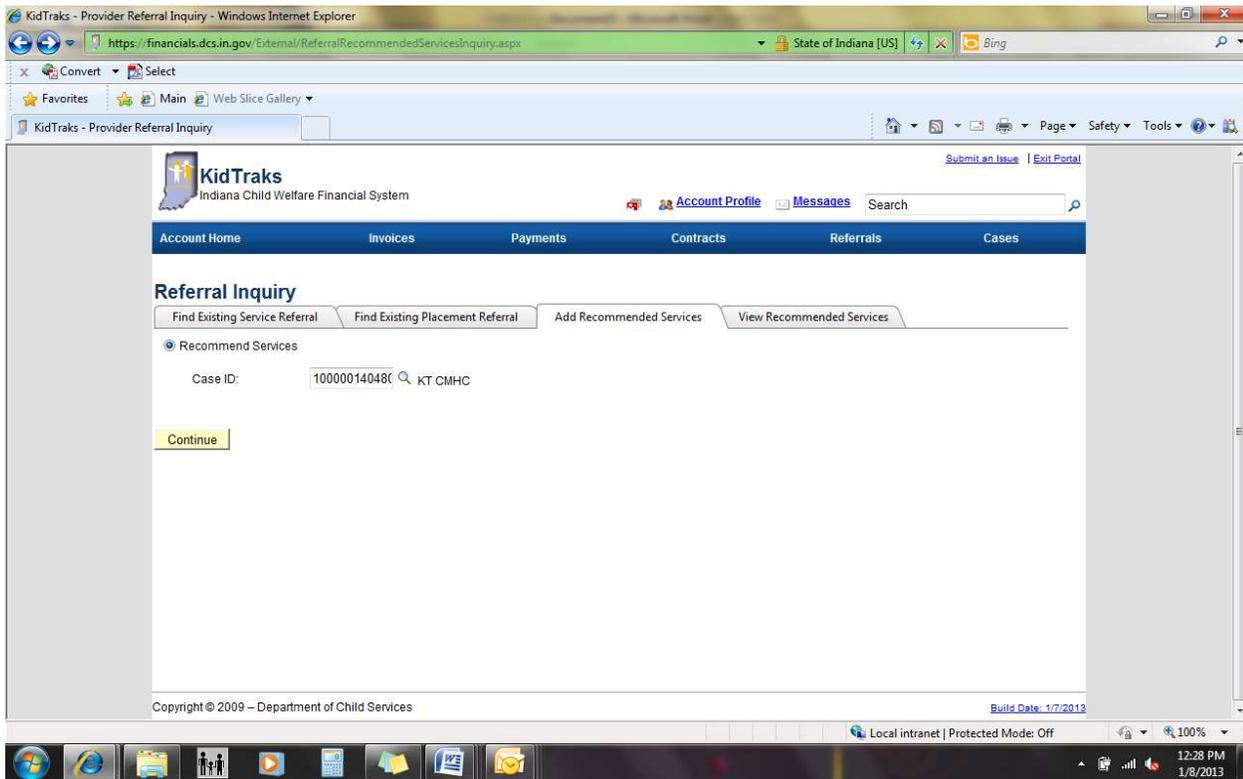
Person ID: Equal
Case Number: Contains
First Name: Contains
Last Name: Contains test
SSN: Equal
County: Equal

Search Results: 2 Records Found

	Person Name	Person ID	Case Number	FCM
Select	TEST, FEMALE 11/29/00 (12)	2156786924	100000140443	Berger, Skye
Select	TEST, MALE 10/20/00 (12)	2156787017	100000140480	Berger, Skye

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Enter the child's name to search for the Case ID if not known.



Once the appropriate child is selected the Case ID will populate the field.

Select/Click: Continue

Services for Children	Step 1: Assessment for Sexually Maladaptive Youth	Continue
Services for Children	Treatment for Sexually Maladaptive Youth	Continue
Drug Screens and Treatment for Substance Use Disorders	Intensive Outpatient Treatment (IOT)	Continue
Services for Children	Transition from Restrictive Placements	Continue
Services for Children	Care Network	Continue
Services for Children	Residential Placement Review	Continue
Other Services for Parents	Support Services for Parents of CHNS	Continue
Visitation Supervision	Visitation Supervision	Continue
Other Services for Parents	Parent Education	Continue
Counseling, Psychological or Psychiatric Services	Group Counseling	Continue
Counseling, Psychological or Psychiatric Services	Family Counseling	Continue
Domestic Violence Services	Victim and Children Services	Continue
Drug Screens and Treatment for Substance Use Disorders	Detoxification Services-Outpatient	Continue
Drug Screens and Treatment for Substance Use Disorders	Step 1: Substance Use Disorder Assessment	Continue
Drug Screens and Treatment for Substance Use Disorders	Residential Services	Continue
Residential and LCPA Behavioral Health Services	KT_MRD_CPACMHC	Continue
Medicaid Rehabilitation Option Services	Medication Training and Support	Continue
Medicaid Rehabilitation Option Services	Child and Adolescent Intense Resiliency Services	Continue
Medicaid Rehabilitation Option Services	Adult Intense Resiliency Service	Continue
Medicaid Rehabilitation Option Services	Peer Recovery Services	Continue
Counseling, Psychological or Psychiatric Services	Medication	Continue
Home Based Services	Crisis Response Homemaker	Continue
Home Based Services	Crisis Response Home Based Casework	Continue
Home Based Services	Crisis Response Home Based Therapy	Continue
Counseling, Psychological or Psychiatric Services	Comprehensive Assessment	Continue
Aftercare Services	Aftercare-Homebased Casework	Continue
Aftercare Services	Aftercare-Homebased Therapy	Continue
Child Mental Health Initiative	Child Mental Health Initiative	Continue

Select/Click: Continue in the right column of the Service being referred (Child Mental Health)

This service group is for CMHC recommendation of services to families in the Child Mental Health Initiative only.

Enter Service Dates:

Identified Date Start Date Stop Date

Select the individuals to be referred and enter the total number of units requested.

Referred Persons	Role	Birth Date	Age	CANS
<input type="checkbox"/>	Child	09/07/2004	8	

Units

Units	Component
<input type="checkbox"/>	COUNSELING-INDIVIDUAL, PER HOUR
<input type="checkbox"/>	COUNSELING-FAMILY, PER HOUR
<input type="checkbox"/>	COUNSELING-GROUP, PER HOUR
<input type="checkbox"/>	PSYCHOLOGICAL TESTING HOUR
<input type="checkbox"/>	NEUROPSYCHOLOGICAL TESTING PER HOUR
<input type="checkbox"/>	MEDICATION EVALUATION PER HOUR
<input type="checkbox"/>	ONGOING MEDICATION EVALUATION PER HOUR
<input type="checkbox"/>	INDIVIDUAL-COMMUNITY BASED COUNSELING AND THERAPY, PER 15 MINUTES
<input type="checkbox"/>	GROUP-COMMUNITY BASED COUNSELING AND THERAPY, PER 15 MINUTES
<input type="checkbox"/>	INTENSIVE OUTPATIENT TREATMENT (IOT), PER 3 HR SESSION
<input type="checkbox"/>	ASSESSMENT
<input type="checkbox"/>	MEDICATION TRAINING AND SUPPORT INDIVIDUAL SETTING PER 15 MINUTES

Enter the identified dates and start date. Stop date can be no more than 180 days from the start date.

All available services will appear on screen. For these families, you are only entering services listed under Child Mental Health Initiative. Enter the recommended units for each unit type. (Please review the units as to how they are billed).

Enter the goals.

Select/Click: Continue to add additional services.

KidTraks
Indiana Child Welfare Financial System

Account Home Invoices Payments Contracts Referrals Cases

Referral Inquiry

Find Existing Service Referral Find Existing Placement Referral Add Recommended Services View Recommended Services

Referral ID: Contains
Billable Unit Referral ID: Contains
Person ID: Equal 2156787017
Case ID: Equal
County: Equal
FCM Name: Contains
Service Code: Equal
Status: Equal

Search Clear Close

Search Results:

Referral ID	FCM	Case Name	Referral Date	Status
584340	Berger, Skye Nicole	MALE TEST	11/09/2012	Approved
584337	Berger, Skye Nicole	MALE TEST	11/09/2012	Approved

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Local intranet | Protected Mode: Off 1:10 PM 1/8/2013

Select/Click: Create Referrals –the recommendation will be sent to the DCS for review and approval.

**Questions about the KidTraks process and how to gain access/privileges within the system please contact Lindsay Dempsher at Lindsay.Dempsher@DCS.in.gov*

Appendix B: Exception Request Form



CMHI Exception Request Form

Funding provided by the Children's Mental Health Initiative offers the opportunity for services to be provided to youth who may not be eligible for CMHW services due to Medicaid exclusions; youth who have private insurance that does not provide coverage for mental or behavioral health services and youth without insurance coverage. If a youth is not eligible for CMHW services, is in need of intensive community based services and a family is engaged in services, requests for exceptions can be reviewed with CMHI management staff. If a youth does not meet criteria, as stated below, for wraparound services due eligibility requirements a request for a CMHI exception can be made. A request for an exception can be submitted to the CMHI manager.

Eligibility:

- *DSM-V-TR Diagnosis- Youth meets criteria for two (2) or more diagnoses*
- *CANS 4, 5, or 6 and DMHA/DCS Project Algorithm must be a 1*
- *Child or adolescent age six through the age of 17*
- *Youth who are experiencing significant emotional and/or functional impairments that impact their level of functioning at home or in the community (e.g., Seriously Emotionally Disturbed classification)*
- *Not Medicaid Eligible/Lack funding for service array*
- *Other children who have been approved by DCS to receive services under the Children's Mental Health Initiative because they are a danger to themselves or others*

DATE:

NAME:

AGE/DOB:

EXCEPTION REASON:

CANS SCORE (Please attach current CANS to form):

- **ALGORITHM:**

MEDICAID/PRIVATE INSURANCE:

- Type of Medicaid or name of private insurance:

YOUTH'S DIAGNOSES:

SUMMARY OF CASE:

WHAT SERVICES ARE BEING PROVIDED OR HAVE PREVIOUSLY BEEN UTILIZED?

EXPLAIN FAMILY INTEREST AND ENGAGEMENT LEVEL IN INTENSIVE COMMUNITY BASED SERVICES:

Appendix C: Voluntary Placement Agreement

Voluntary Placement Agreement

(CMHI)

This voluntary placement agreement (the "Agreement") is entered into by and between _____ (Parent/Legal Guardian/Custodian) (hereinafter referred to as "Parent(s)") and the Indiana Department of Child Services ("DCS" or "State") and is executed pursuant to the terms and conditions set forth herein.

Purpose:

To allow for the voluntary placement of appropriate children with licensed foster parents (through DCS or a licensed child placing agency) or DCS licensed residential treatment service providers and for payment for the special treatment or care received. Placement may also be made through any other public agency that DCS deems appropriate.

Pursuant to IC 31-34-1-16, Parent(s) desire to voluntarily place the child named below ("Child") out of the home in order to obtain special treatment or care for the child's emotional, behavioral, or mental disorder and/or his/her developmental or physical disability.

Child's Information:

First Name	Middle Name	Last Name
Date of Birth		

Parties agree that:

- 1) Parent has legal custody of the Child and has voluntarily requested the State's assistance with the Child. DCS shall pay for services that are provided to the Child under this Agreement, except as specified in paragraph 67(a) below.
- 2) By entering into this Agreement, Parent is not transferring legal custody of the Child to DCS.
- 3) This is a binding, legal agreement delegating certain rights, duties, and responsibilities.
- 4) Both parties anticipate the Child being in such voluntary placement for approximately 30 days but not to exceed 30 days unless an exception is made in writing by the Director or designee. An exception request must be requested in writing N/A days prior to the estimated end of the placement.
- 5) Parent retains authority as the parent of the Child and shall continue to exercise rights and to fulfill obligations as a parent as necessary to facilitate and support Child's success in placement, including but not limited to-- participation in the informed consent process for health care decisions and bearing financial responsibility to the extent the Parent is able.
- 6) **Parent shall participate in services for the Child as requested by DCS or the placement provider. Failure of Parent to participate in services for Child may result in termination of this agreement by DCS.**
- 7)(a) Parent shall cooperate with DCS in determining his/her portion of the placement costs for the Child by keeping DCS apprised of health insurance, parental earnings and other financial resources available to the Child

including, but not limited to, child support, SSI, adoption subsidies, and other governmental benefits. Parent shall assign to DCS all benefits on behalf of the Child during the Child's placement. Such assignment will be in an amount not to exceed the amount DCS expends for the Child's placement.

(b) Additional terms:

8) In conjunction with this Agreement, an individual child placement referral ("ICPR") will be completed specifying the program and/or service(s) selected for the Child and the per diem rate for said program and/or service(s).

9) Should parties determine that the best placement is with a provider who has a contract with another public agency ("Other Agency") and that Other Agency is able to arrange for the Child's placement, DCS agrees to transfer funds to the Other Agency as agreed to by DCS and the Other Agency.

10) Either party may revoke (terminate) this Agreement. If Parent requests that the Child be returned to the home of the Parent or another relative, the Agreement shall be deemed revoked.

Parent/Legal Guardian/Custodian

Parent/Legal Guardian/Custodian

Signature: _____ Signature: _____

Printed: _____ Printed: _____

Date: _____ Date: _____

Indiana Department of Child Services

By: _____
Deputy Director of Services and Outcomes (or designee)

Printed: _____

Date: _____

If Applicable: "Other Agency"

_____ (Public Agency name)

Signature: _____

Printed: _____

Date: _____

Appendix D: Critical Incident Form



Children's Mental Health Initiative CMHI

Incident Report Form — Confidential

Please upload completed report form via secure KidTraks under the youth/child's CMHI Case.

SECTION I – PARTICIPANT INFORMATION (Subject #1)

ID#: _____ DOB: _____ Gender: M F County: _____

Last Name: _____ First Name: _____

Address: _____

City, State Zip: _____

Primary Funding Source: CMHI Wrap Facilitator Name and Agency: _____

INDICATE WHICH OF THE FOLLOWING AGENCIES AND INDIVIDUALS HAVE BEEN INFORMED

Check all that apply and provide:

Residential Provider Name: _____ Date: _____

Parent/Guardian Name: _____ Date: _____

Habilitation/Vocational Provider Name: _____ Date: _____

Wraparound Facilitator Name: _____ Date: _____

DCS Hotline Name: _____ Date: _____

Coroner Name: _____ Date: _____

Police Name: _____ Date: _____

Other Name: _____ Date: _____

Supervisory Provider Information:

Responsible Supervisory Provider: _____

Individual Supervising at Time of Incident: _____

SECTION II – REPORTING PERSON AND REPORTING AGENCY

Last Name: _____ First Name: _____ Position: _____

Phone: _____ Email: _____

Date Report Submitted: _____ Reporting Agency: _____

SECTION III – INCIDENT INFORMATION

Incident Type (Brief Description): _____

Date Incident Occurred: _____ Time Incident Started: _____ AM / PM

Where Home/Residence Hospital Service Location

Incident Residential Facility School Community

Occurred: PRTF Other (Explain): _____

INCIDENT INITIAL REPORT (STANDARD) — CONFIDENTIAL

As Report in Section I – Participant Information (Subject #1) – Confidential

Consumer Name: _____ Slot #: _____

NARRATIVE: DETAILS — STANDARD

Describe the injury, condition or circumstance of the incident and the activities taking place immediately prior to the incident. Identify all participants and their involvement in the incident. Please be comprehensive but concise in explaining *who, when, where, why, how* and *what* was heard and/or observed:

Plan to Resolve (Immediate and Long-Term):

Appendix E: Residential Staffing Form



CMHI Residential Staffing Form

Please have the form completed and submitted to Lindsay Dempsher 24 hours prior to staffing.

DATE:

NAME:

AGE/DOB:

COUNTY OF RESIDENCE:

HOUSEHOLD COMPOSITION:

HAS THE YOUTH BEEN ADOPTED?:

DCS/PROBATION INVOLVEMENT:

INITIAL REASON FOR CMHI REFERRAL:

INSURANCE/MEDICAID:

- **COVERAGE INFORMATION:**
- **DENIAL INFORMATION FOR RESIDENTIAL FUNDING:**

CANS SCORE:

- **ALGORITHM:**

CURRENT DIAGNOSES:

- **MENTAL HEALTH DIAGNOSES:**
- **IQ:**
- **DDID/AUTISM (IF APPLICABLE):**

MEDICATIONS:

PRESENTING BEHAVIORS (BEHAVIORS DIFFER AT HOME/IN THE COMMUNITY (IF APPLICABLE)):

- HISTORIC BEHAVIORS:

UNDERLYING NEEDS:

- TRIGGERS:

SCHOOL:

- IEP:
- SERVICES:
- BEHAVIORS:
- SPECIAL EDUCATION CLASSES:
- LENGTH OF SCHOOL DAY:

CURRENT COMMUNITY BASED SERVICES:

- CURRENTLY IN WRAPAROUND- CMHI OR CMHW:
- SERVICES THROUGH CMHI/CMHW:
- PAST SERVICES:
- BDDS SERVICES (IF APPLICABLE):

ACUTE HOSPITALIZATIONS IN THE PAST YEAR:

PRIOR RESIDENTIAL PLACEMENTS:

WHAT DO PARENTS WANT?/LEVEL OF ENGAGEMENT:

KNOWN RECOMMENDATIONS FOR RESIDENTIAL STABILIZATION:

- IS THE TEAM IN AGREEMENT WITH RESIDENTIAL?

WHAT TYPE OF RESIDENTIAL PROGRAM IS BEING SOUGHT?:

OTHER PERTINENT INFORMATION:

Appendix F: Residential Denial Form



CMHI Residential Denial Form

Please have the form completed and submitted to Lindsay Dempsher 24 hours prior to staffing. RTC for CMHI is intended for those youth to stabilize 3-4 mos. in a secure setting and is intended for children aged 12-17.

DATE:

NAME:

AGE/DOB:

COUNTY OF RESIDENCE:

INSURANCE/MEDICAID:

- **COVERAGE INFORMATION:**

(IF THIS YOUTH HAS MEDICAID, PLEASE SKIP TO THE PRTF SECTION. IF THIS YOUTH HAS PRIVATE INSURANCE, PLEASE SKIP TO THE PRIVATE INSURANCE SECTION ON BACK PAGE).

PRTF- DENIAL INFORMATION (PLEASE COPY AND PASTE EACH PRTF'S RESPONSE):

- **CROSSROAD:**

- **MIDWEST:**

- **GIBAULT:**

- **ANDERSON CENTER:**

- **MICHIANA BEHAVIORAL HEALTH:**

- **COLUMBUS BEHAVIORAL CENTER:**

- **OPTIONS:**

<https://www.in.gov/dcs/3401.htm>

- RESOURCE:
- CAMPAGNA ACADEMY:
- FAYETTE REGIONAL CARE PAVILION:

PRIVATE INSURANCE-NAME OF INSURANCE:

IN-NETWORK FACILITIES:

DENIAL REASON (COPY AND PASTE RESPONSE FROM RESIDENTIAL FACILITY):

Appendix G: CMHI Service Standards

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
Children’s Mental Health Initiative Services
(Updated July 2021)

I. Service Description

The Children’s Mental Health Initiative (CMHI) is an initiative to provide services to children who do not have formal involvement with the child welfare system, but due to their mental and behavioral health needs, require services to maintain safely in their home and community. When community services are not able to maintain the child at home, the CMHI may fund higher level out of home services for stabilization purposes only. The CMHI provides services to children who are not eligible for Medicaid or have private insurance that does not provide coverage for mental and behavioral health services. The CMHI can also provide services for youth with exclusionary diagnoses that prevents them from receiving Medicaid funded wraparound services. CMHI providers must be appropriately certified by the Division of Mental Health and Addictions to provide Children’s Mental Health Wraparound (CMHW) Services. Services provided may include:

- Assessment for eligibility
- Wraparound Facilitation
- Habilitation
- Respite
- Family Support and Training for the Unpaid Caregiver
- Behavioral health services as defined under Medicaid Rehabilitation Option
- Behavioral health services as defined under Medicaid Clinic Option
- Other necessary client specific services

The minimum standards and qualifications for Wraparound Facilitation, Habilitation, Respite and Family Support and Training for the Unpaid Caregiver are located at:

<https://www.in.gov/medicaid/providers/files/dmha-cmhw.pdf>

Medicaid Rehabilitation Option services and Medicaid Clinic Option services are defined at:

<https://www.in.gov/medicaid/files/medicaid%20rehabilitation%20option%20services.pdf>

Other DCS referred services for the family may be provided utilizing the Department of Child Services Service Standards located at:

<https://www.in.gov/dcs/3878.htm>

Services provided under the Children's Mental Health Initiative are provided according to the Children's Mental Health Initiative Protocol.

Please note these critical differences between the Medicaid funded Children's Mental Health Wraparound Services and the Children's Mental Health Initiative:

1. DCS may expand the target population of the Children's Mental Health Initiative beyond that which is covered under the Children's Mental Health Wraparound Services.
2. DCS may determine that Wraparound Facilitation services should continue when the youth is in an out of home setting (hospital, residential facility, etc.).
3. DCS may utilize DMHA approved wraparound agencies throughout the state that are not SOC approved for children and youth that are excluded or ineligible from Community Mental Health Centers or CMHW.

II. Target Population

- Children who meet the qualifications for Children's Mental Health Wraparound services, but who are not Medicaid eligible. Criteria includes:
 - Child or adolescent age 6 through age 17.
 - Youth who are experiencing significant emotional and/or functional impairments that impact their level of functioning at home or in the community (e.g., Seriously Emotionally Disturbed classification).
 - DSM-V-TR Diagnosis- Youth meets criteria for two (2) or more diagnoses.
 - CANS 4, 5 or 6 and DMHA/DCS Project must be a 1 Algorithm.
- Other children who have been approved by DCS to receive services under the Children's Mental Health Initiative because they are a danger to themselves or others
 - Can be Eligible for BDDS Services.
 - CMHI can assist with residential stabilization for youth and children who are not eligible for paid placement by Medicaid and/or Private Insurance will not cover the placement costs.

Note: The Children's Mental Health Initiative is a voluntary service. The caregiver must be engaged in order to access services.

III. Minimum Qualifications

The minimum qualifications for Wraparound Facilitation, Habilitation, Respite and Family Support and Training for the Unpaid Caregiver are located at

<https://www.in.gov/medicaid/files/dmha%20cmhw.pdf>

Medicaid Rehabilitation Option services and Medicaid Clinic Option Services are defined at:

<https://www.in.gov/medicaid/files/medicaid%20rehabilitation%20option%20services.pdf>

Other DCS referred services for the family may be provided utilizing the Department of Child Services Service Standards located at

<https://www.in.gov/dcs/3878.htm>

IV. Billable Unit

Medicaid defined services may be billed to DCS when the service meets the criteria for Medicaid billing but the client is not eligible for Medicaid. If the client is Medicaid eligible, Medicaid should always be billed first.

Those services provided under DCS service standards may be billed as defined in the applicable service standard.

V. Interpretation, Translation and Sign Language Services

All Services provided on behalf of the Department of Child Services must include Interpretation, Translation, or Sign Language for families who are non-English language speakers or who are hearing-impaired. Interpretation is done by an Interpreter who is fluent in English and the non- English language and is the spoken exchange from one language to another. Interpreters can assist in translating a document for a non-English speaking client on an individual basis, (i.e., an interpreter may be able to explain what a document says to the non-English speaking client). Sign Language should be done in the language familiar to the family.

These services must be provided by a non-family member of the client, be conducted with respect for the socio- cultural values, life style choices, and complex family interactions of the clients, and be delivered in a neutral-valued culturally-competent manner. The Interpreters are to be competent in both English and the non-English Language (and dialect) that is being requested and are to refrain from adding or deleting any of the information given or received during an interpretation session. No side comments or conversations between the Interpreters and the clients should occur.

The location of and cost of Interpretation, Translation, and Sign Language Services are the responsibility of the Service Provider. If the service is needed in the delivery of services referred, DCS will reimburse the Provider for the cost of the Interpretation, Translation, or Sign Language service at the actual cost of the service to the provider. The referral from DCS must include the request for Interpretation services and the agencies' invoice for this service must be provided when billing DCS for the service. Providers can use DCS contracted agencies and request that they be given the DCS contracted rate but this is not required. The Service Provider Agency is free to use an agency or persons of their choosing as long as the service is provided in an accurate and competent manner and billed at a fair market rate. Certification of the Interpreter is not required; however, the interpreter should have passed a proficiency test in both the spoken and the written language in which they are interpreting.

VI. Participant Record Documentation

Participant documentation for service eligibility must include:

- 1) Referral generated by KidTraks.
- 2) Documentation of regular contact with the referred families/children.
- 3) Written progress reports.
- 4) Upload documentation into KidTraks to include:
 - Monthly CFTM Notes/Plans of Care
 - Initial CANS and CANS Reassessments
 - Voluntary Placement Agreements
 - Safety Plans
 - Incident reports
 - Contact notes
 - Documentation from all providers for referrals being billed to CMHI

VII. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS staff. In the event a service provider receives verbal or email authorization to provide services from DCS an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by DCS.

Providers must initiate a re-authorization for services to continue beyond the approved period. A referral from DCS does not substitute for any authorizations required by the Medicaid program.

VIII. Adherence to the DCS Practice Model

Services must be provided according to the Indiana Practice Model, providers will build trust-based relationships with families and partners by exhibiting empathy, professionalism, genuineness and respect. Providers will use the skills of engaging, teaming, assessing, planning and intervening to partner with families and the community to achieve better outcomes for children

IX. Trauma Informed Care

Provider must develop a core competency in Trauma Informed Care as defined by the National Center for Trauma Informed Care—SAMHSA (<http://www.samhsa.gov/nctic/>):

Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. NCTIC facilitates the adoption of trauma-informed environments in the delivery of a broad range of services including mental health, substance use, housing, vocational or employment support, domestic violence and victim assistance, and peer support. In all of these environments, NCTIC seeks to change the paradigm from one that asks, "What's wrong with you?" to one that asks, "What has happened to you?" When a human service program takes the step to become trauma-informed, every part of its

organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual seeking services. Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization. **Trauma Specific Interventions: (modified from the SAMHSA definition)**

- The services will be delivered in such a way that the clients/families feel respected, informed, connected, and hopeful regarding their own future.
- The provider must demonstrate an understanding, through the services provided, of the interrelation between trauma and symptoms of trauma (e.g., substance abuse, eating disorders, depression, and anxiety)
- The provider will work in a collaborative way with child/family, extended family and friends, and other human services agencies in a manner that will empower child/family.

X. Cultural and Religious Competence.

Provider must respect the culture of the children and families with which it provides services. All staff persons who come in contact with the family must be aware of and sensitive to the child's cultural, ethnic, and linguistic differences. All staff also must be aware of and sensitive to the sexual and/or gender orientation of the child, including lesbian, gay, bisexual, transgender or questioning children/youth. Services to youth who identify as LGBTQ must also be provided in accordance with the principles in the Indiana LGBTQ Practice Guidebook. Staff will use neutral language, facilitate a trust based environment for disclosure, and will maintain appropriate confidentiality for LGBTQ youth. The guidebook can be found at:

<http://www.in.gov/dcs/files/LGBTQPracticeGuidebookFinalforOnlineViewing.pdf>.

Efforts must be made to employ or have access to staff and/or volunteers who are representative of the community served in order to minimize any barriers that may exist. Contractor must have a plan for developing and maintaining the cultural competence of their programs, including the recruitment, development, and training of staff, volunteers, and others as appropriate to the program or service type; treatment approaches and models; and the use of appropriate community resources and informal networks that support cultural connections.

XI. Child Safety

Services must be provided in accordance with the Principles of Child Welfare Services. Please note: All services (even individual services) are provided through the lens of child safety. As part of service provision, it is the responsibility of the service provider to understand the child safety concerns and protective factors that exist within the family. Continual assessment of child safety and communication with DCS is required. It is the responsibility of the service provider to report any safety concerns, per state statute, IC 31-33-5-1. All service plans should include goals that address issues of child safety and the family's protective factors. The monthly reports must outline progress towards goals identified in the service plan.

**SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES**

Wraparound Facilitation

(Updated July 2021)

I. Service Description Wraparound Facilitation is a comprehensive service comprised of a variety of specific tasks and activities designed to carry-out the wraparound process. Wraparound is a planning process that follows a series of steps and is provided through a Child and Family Wraparound Team. The Wraparound Team is responsible to assure that the participant's needs and the entities responsible for addressing them are identified in a written Plan of Care. The individual who facilitates and supervises this process is the Wraparound Facilitator (WF). Each WF will maintain a caseload of no more than 12 children, regardless of source(s) of funding (grant, local system of care, etc.).

The WF is responsible for completing a comprehensive assessment of the individual, working in full partnership with team members to develop a plan of care, oversees implementation of the plan, identifies providers of services or family based resources, facilitates Child and Family Team meetings, monitors all services authorized for a child's care. The WF assures that care is delivered in a manner consistent with strength-based, family driven, and culturally competent values, offers consultation and education to all providers regarding the values and principles of the model, monitors progress toward treatment goals, and ensures that necessary data for evaluation is gathered and recorded. The WF ensures that all documentation is gathered and reported to DCS as per requirements.

II. Service Delivery

The wraparound model involves 4 stages (Division of Mental Health and Addiction Child Mental Health Wraparound Services, 2021):

The four phases of the wraparound process are described in this section:

- **Phase One: Engagement and Team Preparation:** The Wraparound Facilitator educates the participant and family about CMHI services and the team process. The Wraparound Facilitator assists the family with identifying the CFT members and holds a team meeting to begin developing the POC. The CFT members include the Wraparound Facilitator, the participant, family, service providers, and any other supports chosen by the family. Team membership may vary over time. Friends, educators, providers, informal caregivers, a probation officer, Child Protective Services family case manager, therapist, clergy, and anyone else requested by the family may be on the team.

- **Phase Two: Initial Plan Development:** The Wraparound Facilitator facilitates the CFT process for developing the POC and ensures that the youth and family are active participants leading the POC development process. Using the family's story, the CMHI/CMHW assessment, and the results of the Child and Adolescent Needs and Strengths (CANS) assessment, the team assists the family in identifying and prioritizing participant and family strengths and underlying needs that are the basis for the POC. The Wraparound Facilitator is responsible for organizing and coordinating team efforts and resources to develop a unified intervention plan that meets the unique needs of the participant and

family. These services may be diverse and cross a number of life domains, including family support, behavior management, therapy, school-related services, habilitation, medical services, crisis services, and independent and interpersonal skills development.

• **Phase Three: Implementation:** This phase also includes modification of the POC, as needed. The POC specifies who is responsible for each strategy, service, or support, and who is responsible for ongoing monitoring of the plan. The Wraparound Facilitator is ultimately responsible for all plan development, implementation, and monitoring, including knowledge of when the participant's and/or family's needs or preferences change.

• **Phase Four (Final Phase): Transition:** This phase begins when the CFT members agree that the identified needs have been addressed and the participant and family can transition out of CMHI services to a less intensive form of services and supports. The Wraparound Facilitator helps the team develop a transition plan for the participant and family. This plan includes any remaining needs to be addressed and the strengths of the participant and family. The team identifies resources that will continue to be available to the participant and family after CMHI services have ended.

III. Service Responsibilities

The Wraparound Facilitator:

- Completes CANS Reassessments every six months to monitor progress.
- Guides transition of the youth to the community from a PRTF or other restrictive placement.
- Guides the engagement process by exploring and assessing strengths and needs;
- Facilitates and coordinates family and team meetings;
- Guides the planning process by informing the team of the family vision (family must be present at the team meeting.);
- Guides the crisis plan development, monitors the implementation and may intervene during a crisis;
- Assures that the work to be done is identified and assigned to a team member;
- Assures that a written Plan of Care is developed, written and approved by the Department of Child Services via the referral(s).
- Reassesses, amends, and secures on-going approval of Plan of Care;
- Monitors cost-effectiveness of services;

Wraparound Facilitation does not duplicate other existing services. Every child/family will have a Wrap Facilitator.

IV. Target Population

- Children who meet the qualifications for Children's Mental Health Wraparound services, but who are not Medicaid eligible. Criteria includes:
 - Child or adolescent age 6 through age 17.

- Youth who are experiencing significant emotional and/or functional impairments that impact their level of functioning at home or in the community (e.g., Seriously Emotionally Disturbed classification).
- DSM-V-TR Diagnosis- Youth meets criteria for two (2) or more diagnoses.
- CANS 4, 5 or 6 and DMHA/DCS Project must be a 1 Algorithm.
- Other children who have been approved by DCS to receive services under the Children’s Mental Health Initiative because they are a danger to themselves or others
 - Can be Eligible for BDDS Services.
 - CMHI can assist with residential stabilization for youth and children who are not eligible for paid placement by Medicaid and/or Private Insurance will not cover the placement costs.

Needs-Based Criteria

Youth meeting the above target group eligibility criteria will also need to meet the following needs-based criteria in order to qualify for services:

1) Dysfunctional patterns of behavior due to one or more of the following behavioral/emotional need(s), as identified on the CANS assessment tool:

- a) Adjustment to Trauma;
- b) Psychosis;
- c) Debilitating anxiety;
- d) Conduct problems;
- e) Sexual aggression; and/or
- f) Fire-setting.

2) Family/caregiver demonstrates significant needs in at least one of the following area(s), as indicated on the CANS assessment tool:

- a) Mental Health;
- b) Supervision issues;
- c) Family Stress; and/or
- d) Substance abuse.

V. Private Insurance

If a youth’s private insurance or Medicaid covers this service, it will be the agency’s responsibility to exhaust that funding source prior to CMHI funds being considered. DCS should always be the last payor of services.

VI. Minimum Qualifications

Provider

Services may be provided by: Community Mental Health Centers; or Community Service Agency (Any Community Agency)

Certification

CMHC’s must be certified by DMHA and have approved accreditation by a nationally recognized accrediting body where one exists for the specific type of agency (AAAH, COA, URAC, CARF, ACA, JCAHO, or NCQA)

Other Standards

Participate in a local system of care which includes both a governing coalition and service delivery endorsing the values and principles of a system of care.

Ability to work effectively with other community professionals;

Strong written and oral communication skills; Other DMHA required training;

Background Checks as defined in the DCS contract.

The individual providing the Wraparound Facilitation services must qualify as an Other Behavioral Health Professional (OBHP), as defined in 405 IAC 5-21.5-1, who has a bachelor’s degree or a master’s degree with 2 or more years of one or a combination of the following experience:

- Clinical
- Case management
- Skills building
- Child welfare
- Juvenile justice
- Education in a K-12 school setting

Billable Unit:

Billing Code Description

Service	Code Description	Unit/Rate
Wraparound Facilitation	Community Based wrap around services,	\$850.00 1 unit = 1 month of service

The monthly rate covers the cost of the wraparound facilitation. The monthly unit is billed after the first Child Family Team meeting during the calendar month. Only one unit of facilitation may be billed per month per family. If the family begins services during the month, the unit is still billable as long as a Child Family Team meeting is held.

VII. Participant Record Documentation

Wraparound Facilitation:

Wraparound Facilitators bear the largest portion of documentation requirement, as well as the responsibility for maintaining records of service documentation from all providers on the Child and Family Treatment Team (“Team”). Each contact with, or activity on behalf of the participant by the Wraparound Facilitator, must be documented. Wraparound Facilitator documentation can be categorized into four primary groups: Team, CANS, and agency related documentation.

-Child and Family Team related documentation

Team meetings are documented in two ways: pre-meeting and post-meeting.

Pre-meeting includes preparing and distributing an *agenda* to all Team members. The agenda should summarize topics from the last meeting, set guidelines for format and identify potential topics for the upcoming meeting.

Post-meeting includes preparing a *report* or *minutes* to document the content and plans reached through the Team meeting. This report documents specific actions to be taken by each Team member before the next Team meeting. If services outlined on the POC were not provided, the Wraparound Facilitator must note in the meeting minutes the reason they were not provided and the strategy for correction. Copies of the minutes should be kept with the case file and distributed to all Team members.

Any documentation related to the progress or functioning of the Team should be included in the primary file maintained by the Wraparound Facilitator.

-CANS related documentation

The Wraparound Facilitator or designated assessor will complete and enter CANS assessments and re-assessments in DARMHA. If the CANS assessment is completed by another agency member due to OBHP requirements, the Wraparound Facilitator will verify that the assessments are completed as required. Copies of the assessments should be part of the case file. The CANS must be completed every six months to monitor progress.

-Voluntary Placement Agreements

The Voluntary Placement Agreement is for youth in residential facilities, funded by CMHI. This document states that the parent remains the legal guardian of the youth and CMHI is only funding the placement. The document also emphasizes that the parent will participate in services for the youth as requested by CMHI or the placement provider, and failure of the parent to participate, may result in termination of funding.

-Safety Plans/Crisis Plans

Youth meeting criteria for the CMHI are at risk and susceptible to crises due to their high-level needs. To ensure the youth's safety and successful enrollment in the program, a safety plan/crisis plan is an important part of the treatment planning process. Safety plans/crisis plans should be revisited each month at the CFTM or at any critical juncture during the case.

-Incident Reports

When critical incidents occur, the provider must contact the CMHI Manager by telephone or email on the next business day. In addition, the Critical Incident Form must be completed within 48 hours and uploaded in the KidTraks system.

-Contact Notes/Progress Notes

Contact notes/Progress notes are an explanation of what the wrap facilitator does for the youth or on behalf of the youth. This could include face-to-face contact such as a CFTM, home visit, or school visit. This also includes non-face-to-face contact, such as a telephone call with a parent, an email to the team with updates, or researching local resources for a family- but are not limited to only these tasks.

-Agency related documentation/Documentation from all providers for referrals being billed to CMHI

There must be documentation in Kidstraks for all services being billed to CMHI. Along with CFTM minutes and POCs, this could include Habilitation reports, Respite reports, Skills and Training for the Unpaid Caregiver reports, Individual Counseling reports, etc. depending on what is being billed to CMHI.

Wraparound Facilitators should ensure that all Team members are clear regarding their role and how their service intervention relates to the POC. The POC should be reviewed as part of the Team meeting process and should be available to all Team members.

VIII. Service Access

All services must be accessed and pre-approved through a referral form from the referring DCS staff. In the event a service provider receives verbal or email authorization to provide services from DCS an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS. Providers must initiate a re-authorization for services to continue beyond the approved period.

IX. Adherence to the DCS Practice Model

Services must be provided according to the Indiana Practice Model, providers will build trust based relationships with families and partners by exhibiting empathy, professionalism, genuineness and respect. Providers will use the skills of engaging, teaming, assessing, planning and intervening to partner with families and the community to achieve better outcomes for children.

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
Habilitation
(Updated July 2021)

I. Service Description

Habilitation services enhance participant functioning, life and social skills; prevent or reduce substance use/abuse; increase client competencies and build child and family's strengths and resilience, and positive outcomes.

II. Service Delivery

This is accomplished through developing skills in identification of feelings; anger and emotional management; how to give and receive feedback; criticism and praise; problem-solving; decision making; assertive behavior; learning to resist negative peer pressure and develop pro-social peer interactions; improve communication skills; optimize developmental potential; address substance abuse and use issues; build and promote positive coping skills; learn how to have positive interactions with peers and adults, encourage therapeutic/positive play with or without parents/guardians, encourage positive community connections, and develop non-paid, natural supports for child and family . Activities are to be conducted face-to-face with the client by a mentor or peer mentor and address the needs of the participant.

III. Target Population

The criteria below describe the targeted group of youth:

- Children who meet the qualifications for Children's Mental Health Wraparound services, but who are not Medicaid eligible. Criteria includes:
 - Child or adolescent age 6 through age 17.
 - Youth who are experiencing significant emotional and/or functional impairments that impact their level of functioning at home or in the community (e.g., Seriously Emotionally Disturbed classification).
 - DSM-V-TR Diagnosis- Youth meets criteria for two (2) or more diagnoses.
 - CANS 4, 5 or 6 and DMHA/DCS Project must be a 1 Algorithm.
- Other children who have been approved by DCS to receive services under the Children's Mental Health Initiative because they are a danger to themselves or others
 - Can be Eligible for BDDS Services.
 - CMHI can assist with residential stabilization for youth and children who are not eligible for paid placement by Medicaid and/or Private Insurance will not cover the placement costs.

Needs-Based Criteria

Youth meeting the above target group eligibility criteria will also need to meet the following needs-based criteria in order to qualify for services:

1) Dysfunctional patterns of behavior due to one or more of the following behavioral/emotional need(s), as identified on the CANS assessment tool:

- a) Adjustment to Trauma;
- b) Psychosis;
- c) Debilitating anxiety;
- d) Conduct problems;
- e) Sexual aggression; and/or
- f) Fire-setting.

2) Family/caregiver demonstrates significant needs in at least one of the following area(s), as indicated on the CANS assessment tool:

- a) Mental Health;
- b) Supervision issues;
- c) Family Stress; and/or
- d) Substance abuse.

IV. Private Insurance

If a youth's private insurance or Medicaid covers this service, it will be the agency's responsibility to exhaust that funding source prior to CMHI funds being considered. DCS should always be the last payor of services.

V. Minimum Qualifications

At least 21 years of age; High school diploma or equivalent; 2 years paid, volunteer or personal experience with children with SED/youth with serious mental illness;

Completion of DMHA approved training program; Attend and actively participate in child-family team meetings for all their participants;

Background Checks as defined in the DCS contract.

VII. Billable Unit

The provider should attend at least one child-family team meeting per month as appropriate.

Attendance at the child family team is not separately billable as the unit costs are adjusted to include participation.

Billing Code Description

Service	Code Description	Unit/Rate
Habilitation	building skills, functioning, or interpersonal interaction with the participant, per 15 minutes	\$19.26 per 15 minute unit. Limited to 12 units (3 hours) per day and 120 units (30 hours) per month

This Service Standard was designed to mirror Medicaid Services and therefore all Medicaid policies or regulations should be followed when providing this service.

VIII. Participant Record Documentation

All habilitation service provisions must address a need as identified by the Team. The need and specific activity to help meet the need must be identified in the documentation. Interventions should have a clearly identified relation to building skills, functioning, or interpersonal interaction with the participant.

Participant record documentation for service eligibility must include:

- 1) Referral generated by KidTraks.
- 2) Documentation of regular contact with the referred families/children
- 3) Written progress reports.
- 4) Monthly summary report.

IX. Service Access

All services must be accessed and pre-approved through a referral form from DCS. In the event a service provider receives verbal or email authorization to provide services from DCS, an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS. Providers must initiate a re-authorization for services to continue beyond the approved period.

X. Adherence to the DCS Practice Model

Services must be provided according to the Indiana Practice Model, providers will build trust based relationships with families and partners by exhibiting empathy, professionalism, genuineness and respect. Providers will use the skills of engaging, teaming, assessing, planning and intervening to partner with families and the community to achieve better outcomes for children.

SERVICE STANDARD

INDIANA DEPARTMENT OF CHILD SERVICES

Training and Support for Unpaid Caregivers

(July 2021)

I. Service Description

Training and Support for Unpaid Caregivers is an activity or service that educates, supports, and preserves the family and caregiver unit. Training and Support activities and the providers of these activities are based on the family/caregiver's unique needs and are identified in the plan of care. Activities may include, but are not limited to the following: teaching practical living skills, parenting skills, home management skills, use of community resources, child development, record-keeping skills to assist all caregivers; development of informal support, decision-making skills, conflict resolution, and coping skills; as well as assistance with gaining knowledge, insight, and empathy in regard to the participant's illness, and increasing confidence, stamina and empowerment.

II. Service Delivery

Training and Support for Unpaid Caregivers may be delivered by the following types of resources: non-profit, civic, faith-based, professional, commercial, and government agencies and organizations; community colleges, vocational schools, universities, lecture series, workshops, conferences, seminars, on-line training programs; Community Mental Health Centers, and other qualified community service agencies.

For purposes of this service, Unpaid Caregiver is defined as any person, family member, neighbor, friend, co-worker, or companion who provides uncompensated care, training, guidance, companionship, or support to a service participant.

Reimbursement is available for one-on-one training by providers of this service as specified in the plan of care. The provider should attend at least one child-family team meeting per month as appropriate.

III. Target Population

The criteria below describe the targeted group of youth:

- Children who meet the qualifications for Children's Mental Health Wraparound services, but who are not Medicaid eligible. Criteria includes:
 - Child or adolescent age 6 through age 17.
 - Youth who are experiencing significant emotional and/or functional impairments that impact their level of functioning at home or in the community (e.g., Seriously Emotionally Disturbed classification).
 - DSM-V-TR Diagnosis- Youth meets criteria for two (2) or more diagnoses.
 - CANS 4, 5 or 6 and DMHA/DCS Project must be a 1 Algorithm.

- Other children who have been approved by DCS to receive services under the Children’s Mental Health Initiative because they are a danger to themselves or others
 - Can be Eligible for BDDS Services.
 - CMHI can assist with residential stabilization for youth and children who are not eligible for paid placement by Medicaid and/or Private Insurance will not cover the placement costs.

Needs-Based Criteria

Youth meeting the above target group eligibility criteria will also need to meet the following needs-based criteria in order to qualify for services:

1) Dysfunctional patterns of behavior due to one or more of the following behavioral/emotional need(s), as identified on the CANS assessment tool:

- a) Adjustment to Trauma;
- b) Psychosis;
- c) Debilitating anxiety;
- d) Conduct problems;
- e) Sexual aggression; and/or
- f) Fire-setting.

2) Family/caregiver demonstrates significant needs in at least one of the following area(s), as indicated on the CANS assessment tool:

- a) Mental Health;
- b) Supervision issues;
- c) Family Stress; and/or
- d) Substance abuse.

IV. Private Insurance

If a youth’s private insurance or Medicaid covers this service, it will be the agency’s responsibility to exhaust that funding source prior to CMHI funds being considered. DCS should always be the last payor of services.

Minimum Qualifications

Provider:

Services may be provided by Individuals; Community Mental Health Centers; or Community Service Agency (Any Community Agency).

Certification:

None for individuals.

CMHC's must be certified by DMHA and have approved accreditation by a nationally recognized accrediting body where one exists for the specific type of agency (AAAHC, COA, URAC, CARF, ACA, JCAHO, or NCQA)

(Accreditation optional for other Community Service Agencies)

Other Standards:

At least 21 years of age; High school diploma or equivalent; 2 years paid, volunteer or personal experience with children with SED/youth with serious mental illness;

Completion of DMHA approved training program; Attend and actively participate in child-family team meetings for all their participants;

Background Checks as defined in the DCS contract.

VII. Billable Unit

Hourly service (billed in quarter hour units) is limited to a maximum of two hours per day (\$120 per day). The provider should attend at least one child-family team meeting per month as appropriate. Attendance at the child family team is not separately billable as the unit costs are adjusted to include participation.

Billing Code Description

Service	Code Description	Unit/Rate
Training & Support for Unpaid Caregiver	Comprehensive community support services, per 15 minutes	\$15.00 per unit 1 unit = 15 min allow max 8 units per day

VIII. Participant Record Documentation

All Training & Support service provisions must address a need as identified by the Team. The need and specific activity to help meet the need must be identified in the documentation. Interventions should have a clearly identified relation to the service description.

Case record documentation for service eligibility must include:

- 1) Referral generated by KidTraks.
- 2) Documentation of regular contact with the referred families/children
- 3) Written progress reports.

IX. Service Access

All services must be accessed and pre-approved through a referral form from DCS. In the event a service provider receives verbal or email authorization to provide services from DCS, an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS. Providers must initiate a re-authorization for services to continue beyond the approved period.

X. Adherence to the DCS Practice Model

Services must be provided according to the Indiana Practice Model, providers will build trust based relationships with families and partners by exhibiting empathy, professionalism, genuineness and respect. Providers will use the skills of engaging, teaming, assessing, planning and intervening to partner with families and the community to achieve better outcomes for children.

SERVICE STANDARD

INDIANA DEPARTMENT OF CHILD SERVICES

Respite Care

(Updated July 2021)

I. Service Description

Respite Care services are provided to participants unable to care for themselves and are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant.

Respite Care may be provided on an hourly basis or a daily basis. The service may be planned and provided on a routine basis (such as daily, weekly, monthly, or semi-annually), or may be unplanned when a caregiver has an unexpected situation requiring assistance in caring for the participant. Respite Care may also be provided as an emergency in response to a crisis situation in the family. A crisis situation is one where the individual's health and welfare would be seriously impacted in the absence of the Crisis Respite Care.

II. Service Delivery

Respite Care services may be provided in the participant's home or private place of residence, or any facility licensed by the Indiana Department of Child Services under:

- 1) Emergency shelters licensed under 465 IAC 2-10;
- 2) Special needs foster homes licensed under IC 31-27-4;
- 3) Therapeutic foster homes licensed under IC 31-27-4;
- 4) Other child caring institutions licensed under IC 31-27-3;
- 5) Child Care Centers licensed under IC 12-17.2-4 or Child Care Homes, licensed under IC 12-17.2-5-1 or School Age Child Care Project licensed under IC 12-17-12; or
- 6) Medicaid certified PRTF under 405 IAC 5-20-3.1 and licensed under 465 IAC 2-11-1 as private secure residential facility.

Respite services must be provided in the least restrictive environment available and ensure the health and welfare of the participant. A participant who needs consistent 24-hour supervision with regular monitoring of medications or behavioral symptoms should be placed in a facility under the supervision of a psychologist, psychiatrist, physician or nurse who meets respective licensing or certification requirements of his/her profession in the state of Indiana.

Overnight respite may only be provided by a DCS licensed provider (licensed foster home, group home, or residential provider)

Respite cannot be provided as a substitute for regular childcare to allow the parent/guardian to hold a job, participate in job interviews or attend school.

Respite Care may not be provided by parents for a participant who is a minor child, or by any relative who is the primary caregiver of the participant.

III. Target Population

The criteria below describe the targeted group of youth:

- Children who meet the qualifications for Children’s Mental Health Wraparound services, but who are not Medicaid eligible. Criteria includes:
 - Child or adolescent age 6 through age 17.
 - Youth who are experiencing significant emotional and/or functional impairments that impact their level of functioning at home or in the community (e.g., Seriously Emotionally Disturbed classification).
 - DSM-V-TR Diagnosis- Youth meets criteria for two (2) or more diagnoses.
 - CANS 4, 5 or 6 and DMHA/DCS Project must be a 1 Algorithm.
- Other children who have been approved by DCS to receive services under the Children’s Mental Health Initiative because they are a danger to themselves or others
 - Can be Eligible for BDDS Services.
 - CMHI can assist with residential stabilization for youth and children who are not eligible for paid placement by Medicaid and/or Private Insurance will not cover the placement costs.

Needs-Based Criteria

Youth meeting the above target group eligibility criteria will also need to meet the following needs-based criteria in order to qualify for services:

1) Dysfunctional patterns of behavior due to one or more of the following behavioral/emotional need(s), as identified on the CANS assessment tool:

- a) Adjustment to Trauma;
- b) Psychosis;
- c) Debilitating anxiety;
- d) Conduct problems;
- e) Sexual aggression; and/or
- f) Fire-setting.

2) Family/caregiver demonstrates significant needs in at least one of the following area(s), as indicated on the CANS assessment tool:

- a) Mental Health;
- b) Supervision issues;
- c) Family Stress; and/or
- d) Substance abuse.

V. Minimum Qualifications

Overnight respite may only be provided by a DCS licensed provider (licensed foster home, group home, or residential provider). Any respite lasting longer than 3 days would require a placement agreement.

Other Standards:

At least 21 years of age; High school diploma or equivalent; 1 year paid, volunteer or personal experience with children with SED/youth with serious mental illness; Completion of DMHA approved training program: Attend and actively participate in child-family team meetings for all their participants; Background Checks as defined in the DCS contract.

VI. Billable Unit

Respite Care may be provided on an hourly basis (billable in 15-minute units) for less than 7 hours in any one day; or at the daily rate for 7 to 24-hours in any one day. Crisis Respite Care is provided for a minimum of 8 to 24 hours billable at a daily rate. Twenty-four hour Respite Care cannot exceed 14 consecutive days.

Billing Code Description

Service	Code Description	Unit/Rate
Respite Routine Hourly	Respite care services, up to 15 minutes	\$4.00 per unit 1 unit = 15 min Billed for less than 7 hrs per day
Respite Routine Daily	Unskilled respite care, not hospice; per diem	\$100.00 per unit 1 unit = day (To be billed for 7 – 24 hrs per day) Not to exceed 14 consecutive days at any one time

VII. Participant Record Documentation

All respite service provisions must address a need as identified by the Team. The need and specific activity to help meet the need must be identified in the documentation. Interventions should have a clearly identified relation to building skills, functioning, or interpersonal interaction with the participant.

Case record documentation for service eligibility must include:

- 1) Referral generated by KidTraks.
- 2) Documentation of regular contact with the referred families/children
- 3) Written progress reports.

VIII. Service Access

All services must be accessed and pre-approved through a referral form from DCS. In the event a service provider receives verbal or email authorization to provide services from DCS, an approved referral will still be required. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS. Providers must initiate a re-authorization for services to continue beyond the approved period.

IX. Adherence to the DCS Practice Model

Services must be provided according to the Indiana Practice Model, providers will build trust based relationships with families and partners by exhibiting empathy, professionalism, genuineness and respect. Providers will use the skills of engaging, teaming, assessing, planning and intervening to partner with families and the community to achieve better outcomes for children.

Community Based Rates Starting July 1st 2021

Service Standard	Component Description	Unit of Measure	New Rate
10948- Child Mental Health Initiative	11811-ADDICTION COUNSELING GROUP SETTING	PER HOUR	\$14.58
10948- Child Mental Health Initiative	11810-ADDICTION COUNSELING INDIVIDUAL SETTING	PER HOUR	\$58.32
10948- Child Mental Health Initiative	11803-ASSESSMENT	EACH	\$77.72
10948- Child Mental Health Initiative	11807-CHILD AND ADOLESCENT INTENSIVE RESILIENCY SERVICES	PER HOUR	\$14.62
10948- Child Mental Health Initiative	11794-COUNSELING-FAMILY	PER HOUR	\$67.10
10948- Child Mental Health Initiative	11795-COUNSELING-GROUP	PER HOUR	\$37.80
10948- Child Mental Health Initiative	11793-COUNSELING-INDIVIDUAL	PER HOUR	\$67.10
10948- Child Mental Health Initiative	11806-CRISIS INTERVENTION	PER 15 MINUTES	\$33.72
10948- Child Mental Health Initiative	11801-GROUP- COMMUNITY BASED COUNSELING AND THERAPY	PER 15 MINUTES	\$7.16
10948- Child Mental Health Initiative	11813-HABILITATION	PER 15 MINUTES	\$19.26
10948- Child Mental Health Initiative	11800-INDIVIDUAL&FAMILY-COMMUNITY BASED COUNSELING	PER 15 MINUTES	\$28.65
10948- Child Mental Health Initiative	11802-INTENSIVE OUTPATIENT TREATMENT (IOT)	PER 3 HR SESSION	\$43.74
10948- Child Mental Health Initiative	11798-MEDICATION EVALUATION	PER HOUR	\$102.04
10948- Child Mental Health Initiative	11805-MEDICATION TRAINING AND SUPPORT GROUP SETTING	PER 15 MINUTES	\$3.35
10948- Child Mental Health Initiative	11804-MEDICATION TRAINING AND SUPPORT INDIVIDUAL SETTING	PER 15 MINUTES	\$18.63
10948- Child Mental Health Initiative	11797-NEUROPSYCHOLOGICAL TESTING	PER HOUR	\$91.67
10948- Child Mental Health Initiative	11814-RESPIRE (LESS THAN 7 HOURS)	PER 15 MINUTES	\$4.00
10948- Child Mental Health Initiative	11815-RESPIRE PER DAY (7 HOURS OR MORE)	PER DAY	\$100.00
10948- Child Mental Health Initiative	11809-SKILLS TRAINING AND DEVELOPMENT GROUP SETTING	PER 15 MINUTES	\$4.71

10948- Child Mental Health Initiative	11808-SKILLS TRAINING AND DEVELOPMENT INDIVIDUAL SETTING	PER 15 MINUTES	\$26.14
10948- Child Mental Health Initiative	11816-TRAINING AND SUPPORT FOR UNPAID CAREGIVERS	PER 15 MINUTES	\$15.00
10948- Child Mental Health Initiative	1151-CASE MANAGEMENT	PER 15 MINUTES	\$14.53
10948- Child Mental Health Initiative	11812-WRAP FACILITATOR	PER MONTH	\$850.00

Acronyms and Resources

Access Site: The single point of service access and information for youth, families and providers who are in need of resources related to intensive, community-based family preservation services.

BDDS: Bureau of Developmental Disabilities Services

<http://in.gov/fssa/files/BDDS.pdf>

CANS: Child and Adolescent Needs and Strengths

CHINS: Child in Need of Services

CHINS 6: The child substantially endangers his/her own health or the health of another individual.

[http://www.in.gov/dcs/files/6.B Tool - Statutory Definition of CHINS.pdf](http://www.in.gov/dcs/files/6.B%20Tool%20-%20Statutory%20Definition%20of%20CHINS.pdf)

CMHC: Community Mental Health Center

CMHI: Children's Mental Health Initiative (DCS)

<http://www.in.gov/dcs/3401.htm>

CMHW: Children's Mental Health Wraparound Services (DMHA)

<http://www.in.gov/fssa/dmha/2766.htm>

DCS: Department of Child Services <http://www.in.gov/dcs/>

DCS: Service Standards <http://www.in.gov/dcs/3878.htm>

DMHA: Division of Mental Health and Addictions <http://www.in.gov/fssa/dmha/6643.htm>

FE: Family Evaluation

FSSA: Family Social Services Administration

IDD: Intellectual Disability/Development Delay

JD: Juvenile Delinquency

MDT: Multidisciplinary Team

MRO: Medicaid Rehabilitation Option

PRTF: Psychiatric Residential Treatment Facility <http://www.in.gov/fssa/dmha/6643.htm>

SED: Seriously Emotionally Disturbed

SOC: System of Care

VRSO: Voluntary Residential Services Oversight